<u> </u>								09/909809					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 5 22 1921 D 3													
		CLAMS A	S FILED - PART ((Column 1) (Column 2)				SMALL E	NTITY	OTHER THAN				
T	OTAL CLAIMS	,	3					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			3 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		0			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT				+135=			OR	+270=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2			l	TOTAL		OR	TOTAL	710		
CLAIMS AS AMENDED - PART II								TOTAL		lou	OTHER	THAN	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								ENTITY	OR	SMALL		
AMENDMENTA		REMAINING AFTER AMENDMENT		PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ĮŽ	Total	• 3	Minus	" 5	<u>م</u>	7		X\$ 9=		OR	X\$18=		
¥	Independent -			DENOCALI	C) Alba	5		X40=		OR	X80=		
<u> </u>	THE PRODUCTION OF MOUTHLE DEPENDENT						'	+135=		OR	+270=		
							AI	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
上	17-04	ĺ					<u> </u>						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA SUSLY ,	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	. <u>B</u>	Minus	-2	<u>o</u>	-	H	X\$ 9=		ΟÀ	X\$18=		
¥	Independent	NTATION OF MIL	Minus		3	•		X40=	>4	OR	X80=		
_	X	MANDA OF MC	DETIPLE DET	EMDENI	CLAIM [ľ	+135=		OR	+270=		
,		١						TOTAL DOIT. FEE	•		TOTAL	,	
<u> </u>	1105	(Column 1)		(Colun	nn 2)	(Column 3)	. ^	⊍ 0(1. FEE €		,	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		-RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE	
NDN	Total	· 5	Minus	· 2	0	=		X\$ 6=		OR	X\$18=	·	
AME	Independent	AUTATION OF MI	Minus	THE STATE OF THE S	3	4		X40=		OR	X88 _₹		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+135=	7	QA	+270=		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	-7	
	If the "Highest Nu	mber Previously Paid ber Previously Paid	dd For IN THI	S SPACE is	less than	1.3 anter "3"	M	DOIT. FEE			IDOIT. FEE		
					,				- VINCES DVA	WI	er:01, 7.		

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